

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G436	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/30/2014
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11 WASHINGTON ST BROWNSBURG, IN 46112
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W000000	<p>This visit was for a pre-determined full annual recertification and state licensure survey. This visit resulted in an IMMEDIATE JEOPARDY.</p> <p>Dates of Survey: May 19, 20, 21, 22, 23, and 30, 2014.</p> <p>Facility number: 000950 Provider number: 15G436 AIM number: 100244690</p> <p>Surveyor: Tim Shebel, LSW</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/3/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on record review and interview, the Condition of Participation of Governing Body is not met as the</p>	W000102	At diagnosis and/or admission for clients displaying pica behaviors, the entire Interdisciplinary Team including medical, behavioral,	06/30/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>facility's governing body failed to identify and resolve recurrent incidents of 1 of 1 sampled client (client #3), who had a history of pica behaviors (swallowing inedible objects), from swallowing an inedible object.</p> <p>Findings include:</p> <p>1. Please refer to W104 as the facility's governing body failed to protect 1 of 1 sampled client (client #3), who had a history of pica behaviors (swallowing inedible objects), from swallowing an inedible object.</p> <p>2. Please refer to W122 as the facility's governing body failed to meet the Condition of Participation: Client Protections. The governing body neglected to protect 1 of 1 sampled client (client #3), who had a history of pica behaviors (swallowing inedible objects), from swallowing an inedible object.</p> <p>9-3-1(a)</p>		<p>programmatic and vocational will convene. Based on the specific client's needs the IDT will strategize to look at all environments to determine supervision level needed to prevent Pica related incidents. A detail supervision protocol will be created following this meeting by the Program Director in conjunction with all IDT members and all programming;including ISP, BSP, supervision protocol and risk plans will be updated and/or created accordingly. Program Director and Home Manager will train staff on all client protocols and programming. Facility Nurse will schedule any medical follow-up necessary to rule out any medical reasons for the Pica behaviors Interdisciplinary Team will meet regularly (quarterly) to follow up on strategies implemented and to determine if any changes are needed within current programming. IDT will also promptly meet following any Pica related incidents. Upon admission IDT will determine amount of observations needed each week for first 30 days by Home Manager and Program Director to assess the appropriateness of the plan and observe staff implementation as prescribed above. Ongoing, Home Manager and Program will complete observations minimally twice weekly.</p>		

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W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview, the facility's governing body failed to exercise operating direction over the facility to protect 1 of 1 sampled client (client #3), who had a history of pica behaviors (swallowing inedible objects), from swallowing an inedible object.</p> <p>Findings include:</p> <p>Please refer to W149 as the facility's governing body neglected to implement policy and procedures to protect 1 of 1 sampled client (client #3), who had a history of pica behaviors (swallowing inedible objects), from swallowing an inedible object.</p> <p>9-3-1(a)</p>	W000104	<p>At diagnosis and/or admission for clients displaying pica behaviors, the entire Interdisciplinary Team including medical, behavioral, programmatic and vocational will convene. Based on the specific client's needs the IDT will strategize to look at all environments to determine supervision level needed to prevent Pica related incidents. A detail supervision protocol will be created following this meeting by the Program Director in conjunction with all IDT members and all programming; including ISP, BSP, supervision protocol and risk plans will be updated and/or created accordingly. Program Director and Home Manager will train staff on all client protocols and programming. Facility Nurse will schedule any medical follow-up necessary to rule out any medical reasons for the Pica behaviors. Interdisciplinary Team will meet regularly (quarterly) to follow up on strategies implemented and to determine if any changes are needed within current programming. IDT will also promptly meet following any Pica related incidents. Upon admission IDT will determine amount of observations needed each week for first 30 days by</p>	06/30/2014	

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W000122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the Condition of Participation: Client Protections is not met as the facility neglected to protect 1 of 1 sampled client (client #3), who had a history of pica behaviors (swallowing inedible objects), from swallowing an inedible object. This non-compliance resulted in an IMMEDIATE JEOPARDY.</p> <p>The IMMEDIATE JEOPARDY began on 5/21/14 at 7:15 A.M. and was identified on 5/22/14 at 1:04 P.M. as a result of the facility failing to ensure client #3, who had a history of pica behaviors, did not swallow an inedible object. Client #3 was hospitalized after swallowing a plastic ball. The facility's Area Director and Program Director were notified of the IMMEDIATE JEOPARDY on 5/22/14 at 12:58 P.M. and the facility was informed to submit a plan of corrective action to remove the</p>	W000122	<p>Home Manager and Program Director to assess the appropriateness of the plan and observe staff implementation as prescribed above. Ongoing, Home Manager and Program will complete observations minimally twice weekly.</p> <p>At diagnosis and/or admission for clients displaying pica behaviors, the entire Interdisciplinary Team including medical, behavioral, programmatic and vocational will convene. Based on the specific client's needs the IDT will strategize to look at all environments to determine supervision level needed to prevent Pica related incidents. A detail supervision protocol will be created following this meeting by the Program Director in conjunction with all IDT members and all programming; including ISP, BSP, supervision protocol and risk plans will be updated and/or created accordingly. Program Director and Home Manager will train staff on all client protocols and programming. Facility Nurse will schedule any medical follow-up necessary to rule out any medical reasons for the Pica behaviors. Interdisciplinary Team will meet regularly (quarterly) to follow up on strategies</p>	06/30/2014

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	<p>IMMEDIATE JEOPARDY.</p> <p>On 5/27/14 at 3:32 P.M. the facility's Area Director notified the surveyor that client #3 was deceased after his family had his ventilator removed. Also on 5/27/14 at 3:32 P.M., the facility submitted the following plan to remove the IMMEDIATE JEOPARDY: "The following actions and protective measures are in place to abate the immediate jeopardy in regards to client protections for clients displaying pica behavior. At diagnosis and/or admission the entire Interdisciplinary Team including medical, behavioral, programmatic, and vocational staff will convene. Based on the specific client's needs the IDT (Inter-Disciplinary Team) will strategize to look at all environments to determine supervision level needed to prevent Pica related incidents. A detailed supervision protocol will be created following this meeting by the Program Director in conjunction with all IDT members and all programming; including ISP (Individual Support Plan), BSP (Behavior Support Plan), supervision protocol and risk plans will be updated and/or created accordingly. Program Director and Home Manager will train staff on all client protocols and programming. Facility Nurse will schedule any medical follow-up</p>		<p>implemented and to determine if any changes are needed within current programming. IDT will also promptly meet following any Pica related incidents. Upon admission IDT will determine amount of observations needed each week for first 30 days by Home Manager and Program Director to assess the appropriateness of the plan and observe staff implementation as prescribed above. Ongoing, Home Manager and Program will complete observations minimally twice weekly.</p>	

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	<p>necessary to rule out any medical reasons for the Pica behaviors. Interdisciplinary Team will meet regularly {quarterly} to follow up on strategies implemented and to determine if any changes are needed within the current programming. IDT will also promptly meet following any Pica related incidents. Upon admission IDT will determine amount of observations needed each week for the first 30 days by Home Manager and Program Director to assess the appropriateness of the plan and observe staff implementation as prescribed above. Ongoing, Home Manager and Program Director will complete observations minimally twice weekly."</p> <p>Through Record review on 5/29/14 at 2:15 P.M., the IMMEDIATE JEOPARDY was removed with the submission of the aforementioned plan of removal and the facility not presently housing clients with pica behaviors. The facility remained out of compliance at the condition levels due to the facility's lack of implementation of the plan of removal.</p> <p>Based on record review and interview, the facility failed to report investigative findings of 1 of 2 abuse allegations to the administrator within five business days which affected 1 of 4 sampled clients (client #2) and, the facility failed, for 6 of</p>			

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	<p>6 reviewed incidents, to implement effective corrective action to protect 1 of 4 additional clients (client #8) from elopement from the facility and aggressive behaviors.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Please refer to W149 as the facility neglected to implement its policies and procedures to ensure 1 of 1 sampled client with a history of swallowing inedible objects (client #3) did not swallow an inedible object. 2. Please refer to W156 as the facility failed to report investigative findings to the administrator within five business days for 1 of 2 reviewed incidents of client to client abuse involving 1 of 4 sampled clients (client #2). 3. Please refer to W157 as the facility failed, for 6 of 6 reviewed incidents, to implement effective corrective action to protect 1 of 4 additional clients (client #8) from elopement from the facility and aggressive behaviors. <p>9-3-2(a)</p>				

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility neglected to implement its policy and procedures to ensure 1 of 1 sampled client with a history of swallowing inedible objects (client #3) did not swallow an inedible object.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 5/19/14 at 12:18 P.M.. The review indicated the following incidents of client #3 swallowing inedible objects.</p> <p>1. "Name: [Client #3], Date: 12/07/2013, Narrative: Client (Client #3) was eating corn at lunch hour and choked on a piece of corn. Paramedics were called who took him (client #3) to the hospital. CPR (Cardio-Pulmonary Resuscitation) was applied (administered) by staff. Plan to Resolve:</p>	W000149	<p>At diagnosis and/or admission for clients displaying pica behaviors, the entire Interdisciplinary Team including medical, behavioral, programmatic and vocational will convene. Based on the specific client's needs the IDT will strategize to look at all environments to determine supervision level needed to prevent Pica related incidents. A detail supervision protocol will be created following this meeting by the Program Director in conjunction with all IDT members and all programming; including ISP, BSP, supervision protocol and risk plans will be updated and/or created accordingly. Program Director and Home Manager will train staff on all client protocols and programming. Facility Nurse will schedule any medical follow-up necessary to rule out any medical reasons for the Pica behaviors. Interdisciplinary Team</p>	06/30/2014

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	<p>Client (client #3) released by the hospital and returned home. Will follow up with his TP (sic)(physician). Program Director requested a 15 minute check on the client be implemented."</p> <p>A review of a 12/10/13 "Summary of Internal Investigation Report" of the 12/7/13 incident indicated client #3 "grabbed a piece of corn on the cobb (sic), about 4 inches long, that his roommate shoved away from her plate. [Client #3] attempted to swallow the corn cobb (sic) whole causing him to choke. Staff performed abdominal thrusts and back blows until 911 arrived who took over and got the corn cobb (sic) out of his throat. [Client #3] was taken to the Emergency Room for observation." Further review of the Investigation Report indicated direct care staff were to "sit at table during mealtimes to remind/assist him (client #3) with cutting food into bite size pieces, eat slowly, refrain from talking with food in his mouth, refrain from stuffing his mouth with too much food, assess for problems, and assist with dining as needed." The Investigation Report further indicated an interview with direct care staff #3 who stated, "I was in the dining room standing next to [client #1] who sits next to [client #3]. [Client #3] grabbed [client #4's] piece of corn that she shoved across the</p>		<p>will meet regularly (quarterly) to follow up on strategies implemented and to determine if any changes are needed within current programming. IDT will also promptly meet following any Pica related incidents. Upon admission IDT will determine amount of observations needed each week for first 30 days by Home Manager and Program Director to assess the appropriateness of the plan and observe staff implementation as prescribed above. Ongoing, Home Manager and Program will complete observations minimally twice weekly.</p>	

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	<p>table. [Client #3] swallowed the corn cobb (sic) whole. [Client #3] began to choke." The conclusion of the "Summary of Internal Investigation Report" indicated "Evidence supports staff was providing [client #3] with required supervision."</p> <p>2. "Name: [Client #3], Date: 01/09/2014, Narrative: 1.9.14 (date) [Client #3] ingested part of a bar of Dove soap and was taken to the emergency room where they took x-rays of his abdomen and did not find anything abnormal in his stomach. [Client #3's] lips were slightly swollen due to the ingestion of the soap. The emergency room doctor ordered for [client #3] to take Benadryl (allergy medication) 1 time every 6 hours for 24 hours. Plan To Resolve: All loose items will be removed from the bathroom and his bedroom to prevent another incident from occurring. Staff will continue to monitor [client #3's] health and safety."</p> <p>A review of a 1/13/14 "Summary of Internal Investigation Report" of the 1/9/14 incident indicated client #3 "ingested part of a bar of Dove soap while in his bedroom. His lip started to swell and was taken to the emergency room for evaluation." Further review of the Investigation Report indicated client</p>			

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	<p>#3 "has a history of ingesting non-edible items." The Investigation Report further indicated an interview with direct care staff #5 who stated, "I received a phone call from [direct care staff #2] around 2:00pm stating that [direct care staff #7] told her that [client #3] had eaten some soap while she [direct care staff #7] was getting some food with some of the clients, and [direct care staff #7] told her (direct care staff #2) not to tell anyone." The conclusion of the "Summary of Internal Investigation Report" indicated "[Client #3] ingested Dove soap. [Client #3] was not being properly supervised and his protocol of removing all loose items was not being followed at the time of the incident."</p> <p>The facility's Area Director approached the surveyor on 5/22/14 at 8:49 A.M. The Area Director stated, "I wanted to inform you of an incident which occurred with [client #3] yesterday (5/21/14) morning. He (client #3) had swallowed a plastic therapeutic ball. Staff (unknown direct care staff) found him (client #3) in his room unconscious. Staff performed CPR and called 911. They (paramedics) took him (client #3) to the hospital and he is on a ventilator now. He started to have seizures so they (hospital personnel) put him in a medically induced coma so they can assess his condition. I'll get you</p>						

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	<p>a copy of the incident report."</p> <p>The facility's Program Director was interviewed on 5/22/14 at 10:56 A.M. Program Director stated, "He (client #3) has had a history of pica his entire life. He has a Behavior program which includes getting rid of all small items in the bathroom and in his bedroom. The therapeutic ball he (client #3) swallowed was yellow and a little bit smaller than a tennis ball."</p> <p>The facility's records were further reviewed on 5/22/14 at 8:58 A.M. The review of a 5/22/14 incident report indicated the following: "Name: [Client #3], Date: 05/22/2014, Narrative: On the morning of 5/21/14 around 7:15am, [client #3] ingested a small therapeutic ball and his airway became blocked. 911 was called and the therapy ball was removed from [client #3's] airway. CPR was performed by staff and the paramedics and [client #3] was revived. He was taken by ambulance to [name of hospital] emergency room where they placed him [client #3] on a ventilator due to him not breathing on his own. During the incident, [client #3] started to seize and went into shock. [Client #3] was given Keppra (anti-seizure medication) to stop the seizures and sedate him as he continued to seize when he is not</p>			

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	<p>sedated. [Client #3] is still on a ventilator and his vitals are stable. Prognosis is unknown at this time. Plan to Resolve: Group Home RN (Registered Nurse) and Program Director will continue to monitor."</p> <p>Client #3's records were reviewed on 5/22/14 at 12:58 P.M. Review of the client's 4/3/14 Individual Support Plan indicated the client had a diagnosis of, but was not limited to, "Ingestion of non-food items." Review of a 4/9/13 "Swallowing Assessment Report" indicated "caretaker (facility) counseled to limit client's (client #3's) exposure to small non-food items." Review of a 4/3/14 "Risk Management Assessment and Plan indicated "Staff should check his (client #3's) environment at all times for small objects that can be swallowed. Remove all loose items from bathroom before he is alone without supervision including toiletry. Also remove all loose items within reach during bedtime with the exception of bed linen."</p> <p>Client #3's records were further reviewed on 5/22/14 at 1:14 P.M. Review of the client's 4/14 Behavioral Support Plan indicated in part, "staff should check his (client #3's) environment at all times for small objects that can be swallowed."</p>			

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W000156	<p>Review of a 5/21/14 facility "Nursing Progress Note" indicated ". . . he (client #3) is currently breathing via Ventilator, sedated to stop seizure activity. The physician treating him (client #3) indicated to family that they should not be optimistic re: (in regard to) his (client #3's) recovery. A PICC line (Peripherally Inserted Central Catheter) is to be inserted later this evening. Program Director and program nurse will continue to monitor his status."</p> <p>The facility's records were further reviewed on 5/22/14 at 1:58 P.M. Review of the facility's Quality and Risk Management" policy, dated 4/11, indicated in part, the following: "Indiana Mentor is committed to ensuring the individuals we serve are provided with a safe and quality living environment."</p> <p>This finding resulted in an IMMEDIATE JEOPARDY.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five</p>			

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	<p>working days of the incident.</p> <p>Based on record review and interview, the facility failed to report investigative findings to the administrator within five business days for 1 of 2 reviewed incidents of client to client abuse involving 1 of 4 sampled clients (client #2).</p> <p>Findings include:</p> <p>The outside workshop records were reviewed on 5/20/14 at 8:59 A.M. The following incident of client to client abuse was reviewed:</p> <p>1. "Name: [Client #2], Date: 05/02/2014, Narrative: [Workshop] staff received a phone call from the home of another consumer (client from a different provider) saying that the other consumer was reporting that [client #2] had touched the other client's privates (penis) in the restroom. [Workshop] staff followed up with both [client #2] and the accuser. The accuser continued to report that [client #2] touched his privates in the restroom on Friday (5/2/14). [Client #2] denies this and does not recall being in the restroom with this person. No witnesses were reported. Plan to Resolve: The police are interviewing the accuser. Follow up will determine actions. Currently individuals (client #2</p>	W000156	<p>Area Director will retrain Program Director on completing investigations within 5 business days. Program Director will complete Investigations for BDDS reportable incidents that require an investigation for every consumer in the home. Program Director will email investigations to Area Director, Quality Assurance Specialist and Regional Director within 5 business days for review. The investigation will be signed by Administrator upon review. Area Director and Quality Assurance Specialist tracks all BDDS reportable incidents by date and all investigations needed for reports. Responsible Party: Area Director, Program Director, Quality Assurance Specialist.</p>	06/30/2014

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W000157	<p>and client for a different provider) are scheduled for separate breaks and lunches. Staff will encourage [client #2] to use the restroom only during breaks."</p> <p>Workshop manager #1 was interviewed on 5/20/14 at 9:22 A.M. Workshop manager #1 stated, "We notified (the facility) right after we found out about it (5/2/14 abuse allegation) which was 5/6/14."</p> <p>The facility's records were reviewed on 5/20/14 at 9:56 A.M. Review of a "Summary of Internal Investigation Report" indicated the results of the facility's investigation of the 5/2/14 allegation of abuse involving client #2 were not forwarded to the facility's administrator until 5/20/14.</p> <p>Program Director #1 was interviewed on 5/20/14 at 10:04 A.M. Program Director #1 stated, "We didn't investigate it (5/2/14 abuse allegation) right away because it happened at the workshop and with a client from a different facility."</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS</p>				

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	<p>If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed, for 6 of 6 reviewed incidents, to implement effective corrective action to protect 1 of 4 additional clients (client #8) from elopement from the facility and aggressive behaviors.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 5/19/14 at 12:18 P.M. The review indicated the following incidents involving client #8.</p> <p>1. "Name: [Client #8], Date: 02/16/2014, Narrative: [Client #8] ran out onto the local highway (highway number) and was trying to jump in and out of cars. He then ran to the [name] pharmacy in [name of town] where he was hitting the windows in the store and customers were running from him scared. Police was (sic) called and [client #8] was brought back to [name of city] group home where he was with police and apprnetly (sic) they were trying to calm him down, when [client #8] ran to a neighbors (sic) house and busted out their windows of their home. Police indicated that they would have to sedate [client #8] somewhat to get him to [name of</p>	W000157	<p>IDT implemented additional corrective action after each incident and determined the current placement was not appropriate to maintain safety of client and others. BDDS involvement was obtained as it was determined that client #8 was not an appropriate placement for the Group home and alternative placements were discussed. Program Director and Area Director completed requested documentation to pursue emergency CIH waiver. Client #8 was removed from the Group Home on 2/17/14 to stay with family where he remained until he received the CIH waiver. Responsible Party: IDT, BDDS, Program Director, Area Director</p>	06/30/2014

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	<p>hospital] stress center. The [name of city] police department sargent (sic) (name of sergeant) has requested [client #8] to not be a resident in this city because he is a threat to himself and the residents of the community are afraid of him. Plan to Resolve: [client #8] was taken to [name of hospital] where they did basic first aid on his (client #8's) hand from a few scratches from busting windows out and sent him back home. Emergency IDT (Inter-Disciplinary Team) to convene within 24-48 hours seeking BDDS (Bureau of Developmental Disabilities Services) assistance for more appropriate placement."</p> <p>2. "Name: [Client #8], Date: 02/14/2014, Narrative: [Client #8] began having severe behavior outburst for no known reason. He went into the office of the group home started destroying the telephones throwing them and ripping them out of the walls (sic). He then was trying to be redirected by staff when he became violent with staff and attacking (sic) a male staff member as staff was trying to calm [client #8] down. [Client #8] then went on to destroy the companys (sic) computer system destroying the computer by busting it up and destroying it. Plan to Resolve: [Name of city] police were notified to the group home</p>			

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	<p>and tried to talk [client #8] down and subdue him and the behaviors. They (police) explained to [client #8] that they are tired of being called to the group home for his irratic (sic) behaviors and that he needed to settle down because they are getting called way too much to this group home due to his behaviors."</p> <p>3. "Name: [Client #8], Date: 01/14/2014, Narrative: On 1/14/14, [client #8] became upset when staff asked him to put his glasses on. [Client #8] began to throw things, hit staff, throw things at staff, and attempted to elope. Staff blocked the door and [client #8] strangled, bit, hit, and screamed at staff due to them not allowing him to elope from the house. It took three staff to calm [client #8] down enough that we felt [client #8] and the rest of the clients were safe in the house. Plan to Resolve: Emergency IDT scheduled with BDDS on 1/21/14 to discuss interventions and placement options to ensure clients (sic) safety."</p> <p>4. "Name: [Client #8], Date: 01/10/2014, Narrative: On 1-10-14, [client #8] became upset and eloped from the house. [Client #8] ran across the street and apparently was sitting on the neighbors back porch stairs. The neighbors called the cops and had the</p>			

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	<p>police pick-up [client #8] to bring him back to the group home. [Client #8] was released by the cops once they arrived to the group home. Plan to Resolve: An investigation will be conducted to determine why [client #8] eloped. Continue to monitor the health and safety of [client #8]."</p> <p>5. "Name: [Client #8], Date: 12/25/2013, Narrative: Client (client #8) was informed by staff to leave the bedroom of another resident. Client (client #8) became upset and bolted out the door of the home. Staff was in direct pursuit and in eye contact at all times. Client (client #8) went to another neighbors (sic) home and made entry inside. No one was harmed. The police was called and [client #8] returned home. Plan to Resolve: Client (client #8) placed on one on one ratio (one staff assigned to one client) and was monitored at all times. There have been no further episodes from the client. The BMP (Behavior Management Plan) and in-service training protocols were followed which direct staff to call 911 to the police and to provide one on one staffing."</p> <p>6. "Name: [Client #8], Date: 12/06/2013, Narrative: It was reported that client (client #8) vacated his home</p>						

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	<p>and went outside. Staff were in eyesight and pursuit at all times. Staff were able to immediately convince the client (client #8) to come back inside the group home. No further episodes occurred. Staff followed the BSP (Behavior Support Plan). Plan to Resolve: Continue to follow the BSP. Staff have been trained by the previous Program Director on the particulars of the client's elopement and are prepared to implement strategies to deal with elopement issues from the vacating of recent."</p> <p>Further review on 5/19/14 at 12:57 P.M. of the aforementioned six incident reports failed to indicate the facility implemented individual "plans to resolve" which were effective in deterring client #8's aggressive behaviors and elopements.</p> <p>Client #8's records were reviewed on 5/21/14 at 2:11 P.M. A review of the client's Behavior Support Plan, dated 7/13, indicated and addressed client #8's aggressive behaviors and elopement behaviors. Further review failed to indicate the plan had been modified or updated after the original implementation date of 7/13 to effectively address client #8's continued aggressive and elopement behaviors.</p> <p>The facility's Area Director was</p>						

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W000249	<p>interviewed on 5/21/14 at 10:22 A.M. The Area Director stated, "We (the facility) couldn't keep him (client #8) safe. He (client #8) moved to a waiver setting and is no longer with us. When he was at the group home, nothing would stop him (client #8) from leaving (eloping from the facility)."</p> <p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review, and interview, the facility failed to implement active treatment programs during times of opportunity for 1 of 4 sampled clients (client #4). Findings include: Client #4 was observed at the group</p>	W000249	<p>Program Director will retrain staff on providing ongoing active treatment with all clients; including client #4. For consumers that refuse activities (like client #4) ensure that staff is continuously offering a choice of activity. Home Manager will complete active treatment observations 3 times weekly for 30 days to ensure implementation.</p>	06/30/2014

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	<p>home during the 5/19/14 observation period from 3:06 P.M. until 5:15 P.M. During the observation, client #4 sat on the couch with sporadic interactions from direct care staff #1, #2 and #3. Direct care staff #1, #2, and #3 did not prompt or assist client #4 to participate in leisure activity, identify her wants, needs, or feelings, or differentiate between good or bad touch.</p> <p>Client #4's record was reviewed on 5/22/14 at 11:56 A.M. Review of client #4's 10/11/13 Individual Support Plan indicated the client had the following active treatment objectives which could have been implemented during the 5/19/14 observation period: "1. Participate in leisure activity. 2. Identify her wants, needs, and feelings. 3. Differentiate between good or bad touch."</p> <p>The facility's Program Director was interviewed on 5/22/14 at 1:57 P.M. The Program Director stated, "[Client #4] gets aggressive if staff (direct care staff) prompt her too often to do goals or objectives. She (client #4) doesn't like it and will yell or scream if bothered."</p> <p>9-3-4(a)</p>		Ongoing, Home Manager will complete active treatment observations per established frequency. Responsible Party: Program Director, HomeManager				

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W000263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on record review and interview, the facility failed to obtain written consent from the guardian prior to implementing a restrictive Behavior Plan for 1 of 4 sampled clients (client #4) with a Behavior Plan.</p> <p>Findings include:</p> <p>Client #4's records were reviewed on 5/22/14 at 11:56 A.M. The review indicated client #4 had the services of a guardian. Review of a client #4's records indicated the client had a restrictive behavior plan, dated 5/14 which addressed target behaviors of physical assault and anxiety. Further review of the client's behavior plan indicated the client received the medication Sertraline for mood control. Further review of the client's behavior plan failed to indicate the client's guardian approved the use of the behavior plan.</p> <p>The facility's Program Director was interviewed on 5/22/14 at 1:57 P.M. The Program director stated, "It (client #4's</p>	W000263	<p>Area Director will retrain Program Director on implementing Behavior Support Plans after guardian approval has been received Program Director will review Behavior Support Plans for all clients in the home to ensure guardian approval was received where applicable. Program Director will obtain guardian approval for client #4 and any other clients in the home identified. Program Director completes monthly audits and submits to Area Director; which includes documentation review to ensure documents requiring guardian signatures are in place. Responsible Party: Area Director, Program Director</p>	06/30/2014

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W000268	<p>5/14 behavior plan) was sent to her (client #4's guardian) for approval but we haven't got it (client 4's 5/14 behavior plan) back yet."</p> <p>9-3-4(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview, the facility failed to assure direct care staff prompted or assisted 1 of 4 sampled clients (client #1) in getting a haircut, and 1 of 4 sampled clients (client #4) in wiping her mouth.</p> <p>Findings include:</p> <p>1. Client #1 was observed at the group home during the 5/19/14 observation period from 3:06 P.M. until 5:15 P.M. During the observation period, client #1's hair on the back of his neck was observed to be 1 and 1/2 inches long.</p> <p>Client #1 was interviewed on 5/20/14 at 6:41 A.M. When asked if he would like to get a haircut, client #1 stated, "Oh, yes."</p>	W000268	<p>Home Manager will create a haircut schedule for all clients in the home that require it; including client #1. Home Manager and Program Director will retrain all staff on assisting with client's cleanliness, grooming and client dignity. Home Manager will complete active treatment observations 3 times weekly for 30 days to ensure implementation. Ongoing, Home Manager will complete active treatment observations per established frequency. Responsible Party: Program Director. HomeManager</p>	06/30/2014

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W000312	<p>The facility's Program Director was interviewed on 5/22/14 at 1:57 P.M. The Program Director stated, "Staff take [client #1] to get his hair cut on a regular basis whenever he wants to go."</p> <p>2. Client #4 was observed at the group home during the 5/19/14 observation period from 3:06 P.M. until 5:15 P.M. During the observation period, client #4 had food residue encircling her mouth on her cheeks and chin. Direct care staff #1, #2, and #3 were not observed to assist or prompt client #4 in wiping her mouth and chin.</p> <p>The facility's Program Director was interviewed on 5/22/14 at 1:57 P.M. The Program Director stated, "Staff (direct care staff) should have prompted or assisted [client #4] in wiping her mouth and chin areas as necessary."</p> <p>9-3-5(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the</p>			

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	<p>reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview, the facility failed to assure psychotropic drug usage was addressed in the Individual Program Plan of 1 of 4 sampled clients (client #4) with a Behavior Modification Program.</p> <p>Findings include:</p> <p>Client #4's records were reviewed on 5/22/14 at 11:56 A.M. The review indicated client #4 had the services of a guardian. Review of a 4/17/14 physician's order indicated client #4 was taking Clonazepam for anxiety. Further review of client #4's record failed to indicate the use of Clonazepam was addressed in the client's active treatment program.</p> <p>The facility's Program Director was interviewed on 5/22/14 at 1:57 P.M. The Program director stated, "We forgot to add it (Clonazepam) to her (client #4's) behavior plan.</p> <p>9-3-5(a)</p>	W000312	Behavior Analyst will update BSP to include missing psychotropic medication. Program Director will review all BSPs in the home to ensure all behavioral medications are listed on the BSPs. Program Director completes monthly audits and submits to Area Director; which includes documentation review of BSPs to ensure all components are completed per regulation Responsible Party: Behavior Analyst, Program Director, Area Director.	06/30/2014

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, the facility failed to provide training for the care of eyeglasses to 1 of 2 sampled clients (client #1) who wore eyeglasses.</p> <p>Findings include:</p> <p>Client #1 was observed at the group home during the 5/19/14 observation period from 3:06 P.M. until 5:15 P.M., and during the morning observation period on 5/20/14 from 5:44 A.M. until 7:45 A.M. During the observation periods, client #1 wore eyeglasses which were smudged and dirty. Direct care staff #1, #2, #3, #4 and #5 were not observed to prompt or assist client #1 in cleaning his eyeglasses.</p> <p>Client #1's record was reviewed on 5/22/14 at 10:59 A.M. A reviewed of the client's 12/10/13 Individual Program Plan failed to indicate the client had an objective which addressed the self-care of his eyeglasses.</p>	W000436	<p>Program Director will create a goal for client #1 forcleaning and maintaining his eyeglasses. Program Director will train staff on developed goal andimplementation Home Manager will complete active treatment observations 3times weekly for 30 days to ensure implementation. Ongoing, Home Manager will complete active treatmentobservations per established frequency. Responsible Party: Program Director, Home Manager</p>	06/30/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G436	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/30/2014
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W000440	<p>The facility's Program Director was interviewed on 5/22/14 at 1:57 P.M. The Program Director stated, "Staff (direct care staff) could assist [client #1] with cleaning his glasses."</p> <p>9-3-7(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed to conduct evacuation drills during the day shift (6:00 A.M. to 2:00 P.M.) for staff during the third quarter of 2013 (July 1st through September 30th), and during the overnight shift (10:00 P.M. to 6:00 A.M.) for staff during the fourth quarter (October 1st through December 31st) which affected 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 4 additional clients living in the facility (clients #5, #6, #7, and #8.)</p> <p>Findings include:</p> <p>The facility's records were reviewed on 5/19/14 at 11:04 A.M. The review failed to indicate the facility held an evacuation</p>	W000440	<p>The Evacuation drill schedule for 2014 was written so that drills each month are scheduled in varied time frames throughout the year.</p> <p>The Area Director will retrain the Home Manager on reviewing evacuation drills for issues and that they are completed during the times specified on the 2014 schedule.</p> <p>The Home Manager will retrain staff on completing evacuation drills during the time frame specified in the 2014 drill schedule.</p> <p>The monthly evacuation drills are submitted to the Quality Assurance Specialist monthly to ensure that drills are completed accurately and during the specified drill time.</p>	06/30/2014

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	<p>drill for staff during the day shift during the third quarter of 2013. Further review failed to indicate the facility held an evacuation drill for staff during the overnight shift during the fourth quarter of 2013. This affected clients #1, #2, #3, #4, #5, #6, #7, and #8 who lived in the facility.</p> <p>The facility's Program Director was interviewed on 5/19/14 at 3:22 P.M. When asked if the facility had any additional evacuation drills for review, the Program Director stated, "That's all there are."</p> <p>9-3-7(a)</p>		Responsible party: Area Director, Home Manager, Quality Assurance Specialist	